

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-876)						SERIAL NO. <b>10704995</b>	FILING DATE <b>20 FEB 2002</b>						
						APPLICANT(S) <i>Santa</i>							
CLAIMS													
ITEM	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		ITEM	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1		1		51						
2			1		1		52						
3			2		2		53						
4			2		2		54						
5			2		2		55						
6			2		2		56						
7			2		2		57						
8			2		1		58						
9			2		2		59						
10			1		1		60						
11			1		1		61						
12			2		2		62						
13			2		2		63						
14			2		1		64						
15			2		2		65						
16			2		2		66						
17							67						
18							68						
19							69						
20							70						
21							71						
22							72						
23							73						
24							74						
25							75						
26							76						
27							77						
28							78						
29							79						
30							80						
31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.			2		2		TOTAL IND.						
TOTAL DEP.			24		20		TOTAL DEP.						
TOTAL CLAIMS			24		22		TOTAL CLAIMS						

BEST AVAILABLE COPY